

15 JUL 13 PM 3:59

Office Use Only

FEC  
FORM 3

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

ADDIVINOLA COMMITTEE; THE

ADDRESS (number and street)

6 Liberty Square

#11

Check if different  
than previously  
reported. (ACC)

BOSTON

MA

02109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00523332

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

MA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)

Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y

04 01 2015

through

M M / D D / Y Y

06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Angelica Addivinola

Signature of Treasurer

Angelica Addivinola

Date

M M / D D / Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3  
(Revised 02/2003)